

01-27-04

PART B - FEE(S) TRANSMITTAL

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29933 7590 10/31/2003

PALMER & DODGE, LLP
 KATHLEEN M. WILLIAMS
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Kathleen Williams (Depositor's name)
 (Signature)
 1/26/04 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/258,682	02/26/1999	DENISE L. FAUSTMAN	11275/79290	4225

TITLE OF INVENTION: METHODS FOR DIAGNOSING AND TREATING AUTOIMMUNE DISEASE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	02/02/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
NOLAN, PATRICK J	1644	424-184100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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1. Kathleen M. Williams
 2. Palmer & Dodge, LLP
 3.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

General Hospital Corporation

Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 10

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 02 FC:8001 30.00 DA

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